

REMARKS

This application has been reviewed in light of the Office Action mailed September 21, 2006. Reconsideration of this application in view of the below remarks is respectfully requested. Claims 1 – 19 are pending in the application with Claims 1 and 16 – 18 being in independent form. By the present amendment, Claims 1, 2, 4, 5, 7, 8, 10, 11, 13 and 15 – 18 are amended. No new subject matter is introduced into the disclosure by way of the present amendment.

Initially, the specification has been amended on page 10, 12 and 26 to correct grammatical and typographical errors. No new matter has been introduced into the disclosure by way of the present amendments to the specification.

I. Objection to the Specification

The title of the invention has been objected to for allegedly not being descriptive, and thus requires a new title that is clearly indicative of the invention to which the claims are directed.

In response, the title of the specification has been amended to recite: “SURGERY SUPPORT SYSTEM FOR ENDOSCOPIC SURGERY”.

II. Objection to Claims 2, 4, 5 and 8

Claim 2 has been objected to for grammatical informalities. Claim 2 is further objected to for reciting that “...the information creating portion having an image-read-out control portion provided in the endoscopic system...” however Claim 1, according to the Examiner, recites the information portion and the endoscopic system as separate and non-overlapping elements. The image-read-out control portion appears to compose both.

In response, grammatical informalities have been corrected throughout the listing of claims and Claim 2 has been amending to recite: "...an image-read-out control portion in the anesthesia apparatus related system..."

In Claim 8, the hospital network lacks antecedent basis. In response, Claim 8 has been amended to recite "a hospital network" in line 5.

According to the Examiner, the term "an anesthesia apparatus", recited in claim 4, appears to lack support in the specification. However, an anesthesia-related apparatus including an anesthesia apparatus 62 is clearly shown in FIG. 5, and disclosed in the specification. Therefore, the objection with respect to Claim 4 has been traversed.

The Examiner asserts that Claims 4 and 5 are objected to because both recite "a centralized operation panel I/F" composing separate and non-overlapping elements. It is unclear what about the limitations of Claims 4 and 5 the Examiner actually takes issue with, since Claim 4 clearly identifies that the transceiver of Claim 1 has a centralized operation panel I/F (interface), and Claim 5 recites that the information creating portion (system controller) includes a centralized operation panel I/F as well. Thus, the centralized operation panel I/F recited in Claim 4 is a centralized transceiver operation panel interface and the centralized operation panel I/F recited in Claim 5 is a centralized system controller operation panel interface. However, for clarity Claims 4 and 5 have been amended, replacing "I/F" with "interface".

III. Rejection of Claims 1 – 19 Under 35 U.S.C. § 102(e)

Claims 1 – 19 are rejected under 35 U.S.C. § 102(e) as allegedly anticipated by U.S. Publication No. 2004/0044269 issued to Shibata and assigned to Olympus Optical Corporation.

The endoscopic image filing system in Shibata does not disclose or suggest an endoscopic surgical system that includes an anesthesia-related apparatus having an anesthesia apparatus. The

Examiner asserts that the patient monitoring apparatus 4 anticipates Applicant's anesthesia-related apparatus, however the patient monitoring apparatus is a monitoring device, but does not include an anesthesia apparatus.

Moreover, unlike Applicant's claimed invention, Shibata does not anticipate an information creating portion provided in an anesthesia apparatus related system for creating combined anesthesia-endoscopic image information by associating anesthesia information sent from the anesthesia-apparatus related system and endoscopic image information detected in the endoscopic system with a same patient, as recited in amended Claims 1 and 16 – 18.

Specifically, Shibata discloses an examination report creation method wherein a physician can place various medical information, such as endoscopic images, blood pressure data and pulse rates. However, the endoscopic images are not associated with the blood pressure data or pulse rates as is the case in Applicant's claimed invention.

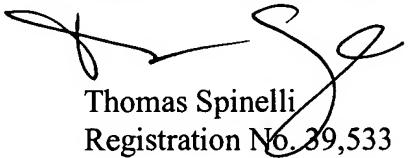
In Applicant's claimed invention, at the time that an endoscopic image is captured, anesthesia information recorded at the same time is associated, or combined, with the endoscopic image information. Thus, as disclosed in the specification, the advantage provided by Applicant's invention over the prior art is that anesthesia information, some of which may be indicative of an abnormality, can be associated with an endoscopic image recorded at that time. In this way, post-operation analysis can be largely reduced. (See: page 33, lines 21 – 25).

CONCLUSIONS

In view of the foregoing amendments and remarks, it is respectfully submitted that all claims presently pending in the application, namely, Claims 1 – 19 are believed to be in condition for allowance and patentably distinguishable over the art of record.

If the Examiner should have any questions concerning this communication or feels that an interview would be helpful, the Examiner is requested to call Applicant's undersigned attorney at the number indicated below.

Respectfully submitted,



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